ADDRESSING THE HEALING OF ABORIGINAL ADULTS AND FAMILIES WITHIN A COMMUNITY-OWNED COLLEGE MODEL

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SETTING THE CONTEXT

Acknowledgements

Une version française est également publiée sur le site www.nccah-ccnsa.ca, sous le titre *Promouvoir la guérison des adultes et des familles autochtones dans le cadre d'un modèle de collège communautaire.*

CONTENTS

1.0 INTRODUCTION

Over centuries of colonialism, Aboriginal[1] peoples have endured many injustices and forms of oppression, including loss of lands; loss of control over their own political, economic, religious and educational institutions; and an erosion of their Native culture. The residential school system, in particular, subjected numerous Aboriginal students to a host of abuses, including sexual, physical, psychological and spiritual abuses. These experiences have led to severe trauma[2] that is being passed from one generation to the next through a combination of psychological, physiological, and social processes[3] and is manifested in high rates of family violence, addiction, suicide and mental health issues (Adelson, 2000; Waldram, Herring, & Kue Young, 1995; Ross, 1996). A legacy of this intergenerational trauma is that it perpetuates conditions of disadvantage experienced at multiple levels, including the individual, family, and community, extending into all facets of life. As a result, healing from intergenerational trauma must include strategies that target not only the individual but the collective as well, and these strategies must occur in multiple domains.

An essential part of healing for trauma victims is regaining a sense of control, connection, and meaning in one's life (Horsman, 2004). Education is considered one of the principal mechanisms by which individuals may accomplish this. For Aboriginal peoples who have experienced and continue to experience trauma, education is a means of not only regaining control over their lives, but also of overcoming some of the disadvantages they experience daily and substantially improving the quality of their lives (Horsman, 2004). This is an important step in disrupting the transmission of trauma through the generations.

This paper is the second of two focused on the intergenerational transmission of trauma. The first paper in this series, *Aboriginal peoples and historic trauma: The processes of intergenerational transmission*, focuses on the roots of trauma for Aboriginal peoples and how it can be transmitted from one generation to the next. This paper explores the educational domain as a place for healing and as a site for the disruption of the intergenerational transmission of trauma. The paper will begin by providing a brief overview of the legacy of residential schools, with emphasis on the social and psychological impacts which contribute to a perpetuation of conditions of disadvantage, including the current educational gap that exists between Aboriginal and non-Aboriginal Canadians. The paper will then examine the impacts of trauma on learning, how expressions of trauma manifest in the classroom, and the factors considered important by researchers for improving the academic achievement of Aboriginal victims of trauma. The paper will conclude with a case study of how Blue Quills First Nations College

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[1] The term 'Aboriginal' will be used throughout this paper to refer to First Nations, Inuit and Métis populations collectively.

[2] The term 'trauma' can be defined as "a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury" (Merriam-Webster, 2014, def'n. b). This can include severe mental or emotional stress or physical injury.

[3] Please see the complementary report in this series on intergenerational trauma *Aboriginal peoples and historic trauma: The processes of intergenerational transmission*, for further information on how these processes work to perpetuate the transmission of intergenerational trauma.

(BQFNC) has worked to foster healing and disrupt the intergenerational transmission of trauma through its culturally appropriate curriculum and holistic educational programming.

The literature that informs this paper was identified through multidisciplinary and health science databases (including Academic Search Premier, Sage Premier, CBCA Education, Google Scholar, Science Direct, and PubMed). It includes both the general literature on the impacts of trauma on education and learning, as well as literature focused specifically on the context of Aboriginal peoples, including factors identified as important for improving educational attainment levels and for healing. Literature included both peer and non-peer-reviewed articles and reports published up to July 2014. Common search terms utilized included combinations of "education", "academic achievement", "learning", "trauma", "healing" and "Aboriginal/First Nation/Inuit/Métis."

2.0 THE LEGACY OF RESIDENTIAL SCHOOLS

Aboriginal peoples have endured centuries of colonial policies and practices aimed at suppressing and undermining their cultural identity. These colonial policies and practices have left devastating impacts on the health and well-being of many individuals, families and communities. Particularly traumatic was the establishment of the residential school system which aimed to assimilate children into Euro-Western culture by removing them from their parents' care and forcing them to abandon their traditional languages, cultures, and religious practices. Large numbers of Aboriginal, mostly First Nations, children were required to attend residential schools. These schools generally failed to meet basic conditions of education, safety and protection, health and physical care essential to children's physical and psychological development.

Residential schools were in operation from 1857 to 1996 (AANDC, 2014), however, the proportion of Aboriginal children attending these schools varied in conjunction with shifts in federal government policy with respect to educating Aboriginal students. Initially, the proportion of Aboriginal children attending residential schools was fairly low but began to rise after the federal government's acceptance of the Davin Report in 1879, which marked a pivotal shift in educational policy with respect to Aboriginal children. Henceforth, residential schools were to be established across the country as a mechanism for Christianizing and assimilating Aboriginal peoples by shaping and molding the minds of the children (Tait, 2003). While limited compulsory attendance provisions were introduced in the 1894 amendment to the Indian Act, it was not until 1920, when residential school was made mandatory for all First Nations children aged 7-15 and provisions were added to establish truant officers who could enter homes, forcibly seize children, and prescribe penalties to parents who refused to comply, that the proportion of Aboriginal children attending residential schools began to rise dramatically (Claes & Clifton, 1998). In 1930, compulsory attendance provisions were extended further to include all First Nations children up to age 16, resulting in an increase from approximately 33% of First Nations children attending residential schools in 1920 to 75% in 1930 (Claes & Clifton, 1998). During the 1940s-50s,

Inuit children were also beginning to be transported to residential schools, while many Métis children were taken into the schools without being named on school registers and kept on solely as labourers because the schools only received federal funding for Treaty Indians (Ibid.).

During the early period of residential school history, the schools were run as segregated entities from non-Aboriginal schools, and though they were funded by the federal government, all aspects of the learning environment were controlled by the churches (Paul, 1984). This started to change during the 1950s with a shift in educational policy away from segregation towards integration, the establishment of some secular day schools, the introduction of standard curricula, and the termination of the half day labour program (Claes & Clifton, 1998). By the time the federal government assumed direct control over educating Aboriginal students from the churches in 1969, the proportion of Aboriginal students attending residential schools had significantly declined. For example, in 1960, 40,637 Aboriginal students were enrolled in government schools across Canada, of which 22% attended residential schools,

54% attended federal day schools, and another 23% attended regular provincial public schools (Foot, 2001, as cited in Barton, Thommasen, Tallio, Zhang, & Michalos, 2005, p. 307). Since the 1970s there has been an increased trend towards self-determination and Native control over education, including the introduction of band run schools; control over hiring, curriculum and administration of schools; more parent involvement in children's education, and a re-introduction of traditional culture in school (Paul, 1984). It is estimated that 150,000 First Nations, Inuit and Métis students were removed from their families and communities and forced to attend residential schools (AANDC, 2014).

While not all residential school students experienced negative outcomes, it can be said that the negative outcomes outweighed the positive. The education children received was hampered by lower standards of education, inadequate curriculum, poorly qualified teachers, limited classroom instruction time, and a learning environment whereby children were taught to despise everything about their culture (Barnes, Josefowitz, & Cole, 2006). Before the shift in educational policy during the 1950s, the school curriculum typically consisted of half a day dedicated to acquiring a basic knowledge of reading, writing and arithmetic, and a half a day spent in labour (Miller, 1996). As a result, between 1890 and 1950, most students failed to advance beyond grade three (Tait, 2003). Racism and various forms of maltreatment prevailed, including excessive discipline aimed at causing pain and humiliation, as well as physical, emotional and/or sexual abuses (Gagne, 1998; Royal Commission on Aboriginal Peoples [RCAP], 1996). Tragically, children were discouraged or disallowed from engaging with their families and communities (Barnes et al., 2006).

The residential schools eroded and undermined all aspects of well-being for Aboriginal peoples, leading to disruption of the structure, cohesion and quality of family life; loss of cultural identity; diminished parenting skills; and low self-esteem and self-concept problems (LaFrance & Collins, 2003; Rice & Snyder, 2008; Goodkind, Hess, Gorman, & Parker, 2012; Gone, 2013). While some residential school attendees survived well, others experienced a series of symptoms that closely resemble post-traumatic stress disorder (PTSD), including recurrent intrusive memories; nightmares; occasional flashbacks; feelings of sadness, hopelessness and depression; disruptions in attachments and relationship dysfunction; affect dysregulation or difficulties regulating emotional states; impaired ability to trust; altered self-perceptions; sense of stigmatization, isolation or marginalization; sleep difficulties; and a persistent tendency to abuse alcohol or sedative medication drugs (MacMillan, MacMillan, Offord, & Dingle, 1996; Young, Klosko, & Beck, 1994; Barton et al., 2005; Haskell & Randall, 2009; Brasfield, 2001). While research on levels of trauma experienced by residential school survivors is very limited, a study by Elias et al. (2012) indicated that nearly half of the residential school attendees in their sample reported a history of abuse.

The residential schools affected not only the children who attended, but subsequent generations as well (Gagne, 1998; Quinn, 2007). The trauma experienced at the residential schools often set in motion a cycle of trauma, including substance abuse, child abuse, family violence, mental health problems, and family dysfunction (Kirmayer, Simpson, & Cargo, 2003; RCAP, 1996; Elias et al., 2012; Bombay, Matheson, & Anisman, 2009). It is estimated that two-thirds of Aboriginal peoples in Canada have experienced trauma as a direct result of the residential school experience (Quinn, 2007). Research has shown that subsequent generations of residential school survivors are more likely to report a history of abuse, and have a greater likelihood of experiencing symptoms of depression and suicidal behaviours (Bombay et al., 2011; Bombay, Matheson, & Anisman, 2014; Elias, et al., 2012). These findings have been attributed to exposure to childhood adversity and deficits in parental care by parents who were residential school survivors.

Attendance at the residential schools had a profound impact on the quality of parenting survivors were able to provide for their own children. A national survey of First Nations conducted in 2002/2003 found that while the majority of survey respondents indicated they had not attended a residential school, a majority (73.4%) still felt that "their grandparents' attendance at residential school negatively affected the parenting their parents received" (RHS 2005, p. 122). In the absence of a model of caring and responsible parents, many residential school survivors did not acquire the skills they needed to be caring and responsible parents to their own children (Tousignant & Sioui, 2009). Since the residential school era, the impacts of this legacy of oppression are amplified by the over-representation of Aboriginal children in the child welfare system (Trocmé, Knoke, & Blackstock, 2004; Sinha et al., 2011), as well as by persistent socioeconomic disadvantages that continue to make day-to-day living a challenge (Adelson, 2005; Gone, 2014).

The effects of this accumulated and collective trauma have compounded the prevalence of disability and dysfunction within families, communities and nations (Gone, 2013; Wesley-Esquimaux & Smolewsky, 2004). Table 1 presents an illustration of the relationship between historical trauma of our First Peoples and resulting social problems. It also shows that the intergenerational impacts of this trauma are not limited solely within the health domain, but are also experienced in other domains as well, resulting in socio-economic disparities that can contribute to the

stresses experienced by Aboriginal peoples in their daily lives and to the perpetuation of trauma within families and communities.

Education can play an important role in disrupting the transmission of intergenerational trauma. It can contribute to alleviating the conditions of poverty and unemployment which contribute to the stresses experienced by Aboriginal people in their day-to-day lives. It can be a venue where social transformation can occur; a place where Aboriginal people can learn to work together collectively and become empowered (Lateroute, 2007). Education provides restorative therapeutic possibilities by creating opportunities for sharing emotional experiences and fostering intergenerational communication about the trauma that has incapacitated so many and silenced them by either shame, fear or loathing (O'Loughlin, 2009; Lin, Suyemoto, & Nien-chu Kiang, 2009). Educational institutions can also support individuals facing adversity by building the social and cultural networks that can be drawn upon in times of stress, trauma, and other life challenges (Tousignant & Sioui, 2009; Mignone & O'Neil, 2005; Kirmayer, Sehdev, Whitley, Dandaneau, & Isaac, 2009; Goodkind et al., 2012). These social and cultural networks also build the social capital that is so important for community resilience (Tousignant & Sioui, 2009).

TABLE 1: SUMMARY OF INTERGENERATIONAL TRANSMISSION OF HISTORIC TRAUMA

Historic Traumas	Effects of Historic Traumas	Resulting social problems that perpetuate traumas for subsequent generations
• Decimation by disease • Loss of land, culture, language and traditional ways of life • Residential schools • A severing of familial and community connections • Social welfare policies • Institution of reserves • Imposition of patriarchy • Racism	• Lack of resources (both financial and coping) to support healthy living • Lack of cultural identity and spirituality • Unresolved grief and shame • Helplessness and disempowerment • Shame-bound families • Loss of cultural tools that can assist with healing losses, grief and shame • Loss of self-determination • Socio-economic disadvantages including poverty and education • Loss of knowledge about healthy parenting/relationship skills	• Chronic anxiety and depression • Domestic and other forms of relational violence • Sexual abuse • Addiction • Traumatic bonding[4] • Self-destructive behaviors • High suicide rates

[4] Traumatic bonding refers to relationships based on terror and abuse of power (Bloom, 1999). In these relationships, victims develop strong attachments to their abusers, seeing them not only as the source of pain and terror, but also as the source of relief from that pain (Dutton & Painter, 1981; Bloom, 1999).

While there have been significant strides made in recent decades, there continues to remain a gap in educational attainment levels between Aboriginal and non-Aboriginal Canadians. Recent Statistics Canada data highlight significant disparities in terms of both high school and post-secondary completion rates (Statistics Canada, 2013). Aboriginal Canadians are considerably less likely to have completed high school or attained some level of post-secondary qualification, and for those who had, they were most likely to have attained a college diploma or a trades certificate rather than a university degree (see Table 2). Only 9.8% of Aboriginal Canadians attained a university degree compared with 26.5% of non-Aboriginal Canadians. In terms of gender, Aboriginal women are nearly twice as likely to have attained a university degree compared with men (13.5% of women between the ages of 35-44 compared with 7.6% of men), while Aboriginal men are nearly twice as likely to have attained a trades certificate

compared with women. Postsecondary qualification levels were also higher among those without registered Indian status (52.1% compared to 42.4% of those with registered Indian status), and among those living off-reserve (Statistics Canada, 2013). Post-secondary education attainment levels were highest among Métis (54.8%), followed by First Nations (44.8%) and Inuit (35.6%). The lower levels of postsecondary qualification levels among Inuit may be explained, at least in part, by the fact that more Inuit have to move away to pursue educational opportunities (Bougie, Kelly-Scott, & Arriagada, 2013).

Educational attainment is a major determinant of employment status and income. As noted in a recent Statistics Canada report on the education and employment experiences of First Nations people living off-reserve, Inuit, and Métis, employment status was considerably higher for those who completed high school compared with those who did not (Bougie et al., 2013). At the time of the 2012 survey, the employment status for those who completed high school compared with those who had left high school was 72% versus 47% for Off-Reserve First Nations, 71% versus 44% for Inuit, and 80% versus 61% for Métis. Median income levels were also $10,000 higher for First Nations and Métis who had completed high school, and $20,000 higher for Inuit who had completed high school, compared with those who left high school.

The adverse experiences endured by many residential school survivors likely contributed to the difficulties Aboriginal children, as a group, continue to have in education (Barsh, 1994; Wotherspoon & Schissel, 1998). The residential schools taught children that their own culture was inferior and uncivilized, and that Aboriginal children were less capable; as a result, many residential school survivors suffer from low self-esteem and self-concept

Only 9.8% of Aboriginal Canadians attained a university degree compared with 26.5% of non-Aboriginal Canadians. Educational attainment is a major determinant of employment status and income.

TABLE 2: EDUCATIONAL ATTAINMENT LEVELS IN 2011, BY ABORIGINAL STATUS

Level of education (2011)	Aboriginal %	Non-Aboriginal %
High school completion (35-44 yrs of age)	68	88.7
Post-secondary qualification (25-65 yrs of age)	48.4	64.7
Trades certificate	14.4	12.0
College diploma	20.6	21.3
University certificate below bachelor's level	3.5	4.9
University degree	9.8	26.5

(Barton, et al., 2005; RCAP, 1996; Lateroute, 2007; Barnes et al., 2006). In addition, the residential school experience left a legacy of mistrust with the educational system (Battiste & McLean, 2005; Brown, Rodger, & Fraeholich, 2009; Goddard & Foster, 2002). These attitudes and assumptions are in turn transmitted to offspring and others (Barnes, et al., 2006, p. 29). The impacts of this are that racism becomes internalized at a collective level and lead to "disempowering narratives," resulting in a loss of social capital and the trust and support that is needed for community resilience (Tousignant & Sioui, 2009; Lateroute, 2007). Given that education can play such a huge role in changing the trajectory of one's life, it is imperative that the effects of trauma on learning processes be addressed in educational settings (Reilly & D'Amico, 2002).

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3.0 IMPACTS OF TRAUMA ON LEARNING

This section summarizes what the research literature has to say about the impacts of trauma on learning. Much of this research is focused on the context of violence against women or on literacy learning, an often first step on the road to making changes in one's life (Horsman, 1999a). The research shows inconclusive evidence of a relationship between trauma and the development of learning disabilities, but much more conclusive evidence that exposure to trauma alters "the way we view ourselves, the world around us, … how we process information and the way we behave and respond to our environment" (Steele, 2008, p. 1). These alterations in perceptions and thinking lay the groundwork for learning difficulties, performance problems and problematic behavior, all which surface in educational settings.

Children who are chronically maltreated develop certain cognitive, physiological, and behavioral symptoms that can impede their ability to achieve academic success throughout their lifespan. Exposure to severe and chronic maltreatment can place them at increased risk of developing psychological responses such as PTSD, major depression, or anxiety, which can affect the capacity of the brain to acquire new cognitive information and retrieve stored information (Yehuda, Halligan, & Grossman, 2001; Perry, 2006; Bremmer, Krystal, Charnez, & Southwick, 1996). Reilly and D'Amico (2002), in their literature review exploring the impact of violence on learning processes, note that victims often had shorter attention spans; had severe learning disorders; utilized mirror writing;[5] were unable to recognize their attributes for learning; demonstrated Attention Deficit Disorder; showed an inability to retain information; were unable to transform experiences into conceptual frameworks; showed a level of dissociation in learning situations; reflected poor self-esteem, feelings of isolation and inferiority; feared for their physical safety; and, overall reflected a lack of trust in self and in others (as derived from the Center for

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[5] Mirror writing is defined as an unusual script in which writing runs in the opposite direction to normal, with individual letters reversed (Schott, 2007).

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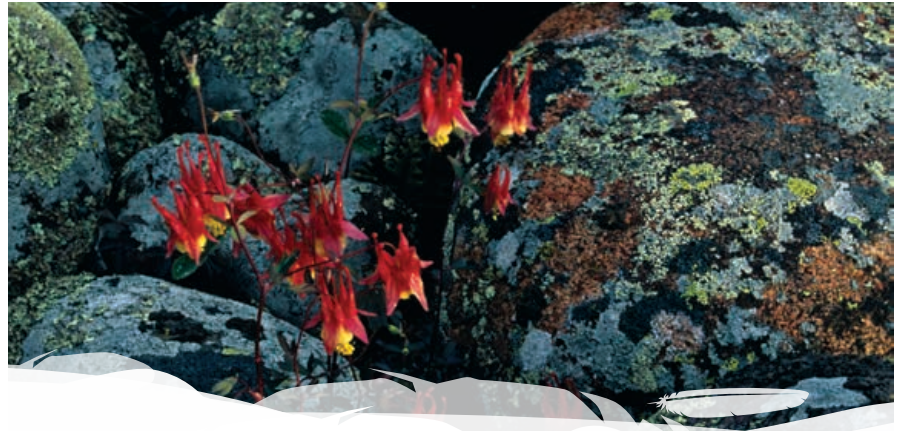
Literacy of the YWCA of Montreal, 1994; Canadian Congress for Learning Opportunities for Women, 1994; Hall, 2000; Horsman, 1999b). Studies have shown that maltreated children are more likely to perform poorly on cognitive measures of math and reading, have poorer grades, repeat a grade, have special program involvement, have discipline referrals, or have problems with absenteeism compared with non-maltreated children (Duplechain, Reigner, & Packard, 2008; Eckenrode, Laird, & Doris, 1993; Leiter & Johnsen, 1997).

Social neuroscience reveals some new insights about the experience of those who have lived in conditions where safety is continually threatened. Victims of chronic trauma are constantly in a low level state of fear which impairs their capacity to learn by making them less capable of concentrating, more anxious, and hypervigilant (Perry, 2006; Reilly & D'Amico, 2002). Hypervigilance, (a common symptom of PTSD and complex PTSD) is reflected in high sensitivity to social cues of perceived impending violence or threat. Interpersonal situations are often misperceived, and the individual who feels unsafe typically responds with anger and aggressive behaviors (Bower & Sivers, 1998). In addition, children who have been repeatedly maltreated have less secure

attachment to adults, making them more fearful of social interactions. Their social skills (language, use of social graces) and cultural norms for behavior (how to behave in certain situations) are thus likely to be delayed or deficient (Bowers & Sivers, 1998). This social misattunement can lead to social isolation and rejection by peers, furthering behaviors that are "uncooperative and oppositional with authorities and disruptive in school" (Ibid., p. 627). As well, once children are labelled as a 'problem', there is a greater tendency for them to engage in truant and delinquent behaviours (Ibid.). The inability to develop secure attachment patterns also leaves trauma victims with difficulty relying on others for help and unable to regulate their emotional states by themselves (van der Kolk, 2009). The lack of social connection understandably gives rise to excessive anxiety, anger and helplessness.

Lack of self-esteem, feelings of being unworthy, and a felt sense of shame are common characteristics of trauma victims that factor strongly in educational success. The ability to set goals is a key feature of educational success; however, in order to set goals one has to believe that there is some possibility of controlling one's life and that life has meaning (Horsman, 1999b). A pervasive sense of shame, characterized by feelings of being

devalued, inferior, inadequate or weak, is often present in victims of trauma and is very damaging to self-identity (Lee & Scragg, 2001; Wagner and Magnusson, 2005). Further, Reilly and D'Amico (2002) note the role that sexual violence can play as a powerful technique for silencing victims, making them feel invisible and lacking in trust (MacKeracher, 1987; Belenky, Clinchy, Goldberger, & Tarule, 1986). Victims of sexual violence also often showed a fear of success (Barham & Clark, 1991; Miltenburg & Singer, 1997). These traits can impede trauma victim's participation in educational settings and make goal setting and achievement challenging.

These unacknowledged cognitive and behavioral impacts of trauma can set students up for failure and falsely confirm that they cannot learn (Horsman, 2004). Once a student has experienced failure in an educational setting, these failures can accumulate and be traumatic experiences in themselves, leading to fear conditioning in response to stress-inducing pedagogical methods (Perry, 2006). Deadlines, exams and having to speak in class may result in a moderate activation of the stress response (which triggers the desire to fight or flight), which in turn can have an impact on the key brain areas involved in learning and memory. The impact this has on

traumatized individuals and their ability to learn is equated by Perry (2006) as akin to having text anxiety in all learning experiences.

Educators are often unaware of the effects of psychological trauma on learners as trauma can mask itself in classroom behavior that can be misinterpreted (Collins Sitler, 2009). Mordoch and Gaywish (2011) found a pattern whereby some students demonstrated the ability to learn the course content but were failing because of incomplete assignments. They suggest that trauma can affect student success in the following ways:

1. Students may devote considerable energy to concealing their situation, leaving less energy to engage in the classroom.
2. They may have developed issues with trust and thereby react inappropriately or with hostility in communicating with instructors.
3. They may lack motivation in setting and attaining goals as a result of a loss of a sense of control, connection and meaning.
4. Students may devalue themselves or be sensitive to feelings of incompetence.
5. Exposure to racism in their daily lives may leave students with feelings of shame, being excluded or silenced, which may present as barriers to learning.

Collins Sitler (2009) adds that students may be unable to concentrate, be frequently absent from class, space out, and live in a constant state of turmoil. Horsman (2004) also argues that these students may have difficulty in establishing boundaries, deciding which stories to tell, learning to move out of crises, and assessing the level of safety in the class or group of people. Most educators are not well equipped or supported to address such classroom effects of trauma.

Strategies for addressing the impacts of trauma in the classroom

Herman (1997) argues that healing is required to bring traumatized individuals back into a sense of well-being. Since trauma has such a debilitating impact on learning, it is not surprising that there is a strong consensus in the research literature that educational settings must also be places for healing (Mordoch & Gaywish, 2011; Horsman, 2004; Cote-Meek, 2010; James, 2012; Collins Sitler, 2009). In the past, education and therapy have been viewed as distinct entities. Cote-Meek (2010) points out that Western conceptions of healing, which encompass notions that one must go away somewhere to heal and 'leave their emotional baggage at the door,' are inconsistent with how healing is viewed by many Aboriginal peoples. Instead, the consensus in the literature is that in order to improve the educational achievement levels of Aboriginal students who are living with the impacts of intergenerational trauma, and thus their chances for optimal health and well-being, "education needs to respond to the potential effects of trauma, both historical and ongoing, within classroom settings" (Mordoch & Gaywish, 2011, p. 101; see also Cajete, 2000). While researchers believe that therapy and education cannot be completely separated for victims of trauma, they are not advocating that educators play a counselling role. Instead, they highlight a number of ways in which educational programs can become places for healing and foster greater educational success for students. In this way, they can act as tools for disrupting the intergenerational transmission of trauma. These suggestions revolve around adopting decolonizing processes, fostering individualized learning, creating safe learning environments, adopting a

holistic perspective through both formal and informal pedagogical techniques, and acknowledging the impact of violence and trauma in peoples' lives and learning.

The Aboriginal Healing Foundation (2004) notes that an important part of the therapeutic process of remembrance, mourning and healing entails understanding the long term and intergenerational impacts of the residential school and reclaiming history and connection to culture; yet little is written about how education can assist with healing from the impacts of colonial historic trauma (as cited in Cote-Meeks, 2010). Since the historical, social, economic, and political forces of colonialism are at the root of the debilitating intergenerational trauma that is being acutely felt by Aboriginal peoples, Cote-Meek (2010) believes that an important element of healing is for Aboriginal peoples to free themselves from colonial and imperial domination and control at multiple levels (including the mind, body and spirit), and in multiple domains (family, community and the larger society). This requires that Aboriginal students who are victims of trauma develop an understanding of colonialism and its far-reaching impacts. While this understanding may be painful for Aboriginal peoples, knowing why the pain exists is a necessary step in healing because it allows individuals to understand the roots of their hurt, anger, shame, and guilt (Cote-Meek, 2010). This perspective shifts the focus away from individuals and abnormality towards what it should be – the broader societal forces that perpetuate the trauma (Horsman, 1999b; Wagner & Magnusson, 2005). Horsman (2004) adds that students will benefit when the challenges they face are an active part of the curriculum, as this will assist with helping them regain a sense of control, connection and meaning in their lives.

Educational programs must also draw upon and center on Aboriginal culture and tradition as a focus of resistance and resiliency to ongoing colonization (Cote-Meek, 2010; Gone, 2013). Positive ethnic identity has been shown to be associated with improved psychological and social functioning, including higher self-esteem, stronger self-efficacy, and a greater sense of social competence, which encourages participation in the learning environment (Berry, 1999; Steinberg, 1999; MacLellan, 2013; Battiste, 2002). MacLellan (2013) and Fisher and Shaw (1999) also argue that connecting people to their heritage helps improve students' resiliency in the face of racism.

Incorporating Aboriginal culture and tradition in classroom settings could contribute to holistic healing and the improvement of emotional, physical and spiritual health. Yellow Horse Brave Heart (2003) notes that fostering a reattachment to traditional Aboriginal values may serve as a protective factor to "limit or prevent both substance abuse and further transmission of trauma across the generations" (p. 11). This finding is confirmed in Chandler and Lalonde's landmark study (1998) on suicide risk among First Nations youth in BC which found that suicide rates were dramatically lower in communities that had taken active steps to preserve and rehabilitate their own cultures. Given the denigration of Aboriginal peoples and assaults to their cultural

identity, and the devastating impacts this has had for individuals, families, and communities, it is not surprising then that programs that provide opportunities for cultural education and ceremonial participation, or "culture as treatment," offer promises in these contexts (Gone, 2013). When culture is positively represented in curriculum and underscores pedagogical approaches, Aboriginal identity can be expanded and affirmed, both individually and collectively, enabling Aboriginal students to reconnect with self, others, and the true history of their peoples, thus allowing healing to take place (Goulet & McLeod, 2013). Quinn (2007), in her review of healing models, found that reconnecting clients with their Native identity, opportunities for expression of traditional culture and language, and ritual and communal sharing were key features of healing programs that were effective in dealing with intergenerational trauma.

Researchers identified a number of characteristics of educational programs that would facilitate greater achievement of academic success among Aboriginal victims of trauma. First, they shared strong support for the need to create a safe environment, both physically and emotionally, for learning. To create such an environment, educators must acknowledge the violence in peoples' lives and its impact on learning, for without this, "many students will not only fail to learn, but may also

experience the educational setting as a silencing place, or another site of violence, where they are controlled, diminished, and shamed by institutional structures of classroom interventions" (Horsman, 2004, p. 134). The pervasiveness of shame is what keeps trauma victims quiet and marginalized (Reilly & D'Amico, 2002). Collins Sitler (2009) believes classroom settings can provide a safe environment if they are set up appropriately, adopt curriculum changes, establish a climate of supportive cooperation, provide a connection with caring individuals, and help students feel they have worth. Other features of a safe learning environment identified in the literature include having flexibility in deadlines, providing more time in class to conduct research and complete homework, utilizing alternative assessment methods, and creating an environment of full participation (Magro, 2004; Kerka, 2002; Miller, 2001; Perry, 2006; Reilly & D'Amico, 2002; Cote-Meek, 2010; Robertson, 2011). Classrooms must be free from physical and relational threats, and foster a warm, trusting and mutually empathic environment which emphasizes respect, acceptance and openness (Kerka, 2002). In establishing a safe environment for learning, Cote-Meek (2010) also notes that educators must question how systems of domination are reinforced and perpetuated in settings such as the classroom through the positionality of the educator, the use

EMOTIONAL SAFETY   RESPECT   FULL PARTICIPATION   OPENESS

of pedagogy, relationships with others and through the curricula. Traditional healing circles are one example of a safe environment because they promote a spirit of equality, empower participants, and eliminate hierarchy (Thomas & Bellefeuille, 2006).

Another key factor identified in the literature to facilitate learning is that programs must be geared to meet a range of individual needs. This includes offering accessible opportunities, time, appropriate support, safety, motivation, and risks with manageable consequences (Williamson, 2000 as cited in Kerka, 2002). James (2012), in her study of a successful Aboriginal community school, notes that since many students were traumatized, teaching strategies need to be adjusted to "meet the needs of the students at their level, at their pace, honouring their identity, and according to their interests" (p. 264). In Magro's (2004) study of the experiences of 10 adult literacy learners, students indicated they were able to connect information they learned to their own lives and broaden their own cultural, spiritual and social awareness when they were able to write about topics that were most meaningful to them. In meeting students' individual needs, there must also be additional supports in place outside of the classroom. This includes collaboration with appropriate external agencies that can assist trauma victims in other ways (such as mental health professionals), making changes to

school policies to help learners succeed (Kerka, 2002; Reilly & D'Amico, 2002), and providing extra institutional supports to students who are victims of trauma, including enhanced counseling services, support groups, and broader acknowledgement of the issue within curriculum.

A final factor identified as important for facilitating learning is that educational programs must be holistic, utilizing both formal and informal pedagogical techniques that involve the mind, body and spirit (Cote-Meek, 2010; Kerka, 2002; Horsman, 1999b; Wagner & Magnusson, 2005; Reilly & D'Amico, 2002). Cote-Meek (2010) argues that programs must be holistic because of the need to acknowledge the impact that violence and trauma have had on the everyday lives of marginalized people. Pedagogical approaches involving the mind, body and spirit are best suited to encourage healing as an element of learning, allowing students to address personal and emotional issues within classroom space (Cote-Meek, 2010; Horsman, 2004). Magro (2004) notes that courses that foster creativity, critical reflection and transformative learning help learners understand themselves and others. Likewise, Van Kleef (2007) views "reflective journaling, case studies, critical incident reflection, role playing, and self-reflective portfolio development as powerful techniques that give learners an opportunity to gain new meaning from their own

experiences" (as cited in Robertson, 2011, p. 97).

Wagner and Magnusson (2005) state that we must challenge the conception that the reality of trauma and violence must be kept silent, outside the public realm, and away from those who might be unsettled by it. By not overtly addressing this issue and developing strategies to support students who are victims of trauma, these students will be unable to work to their full potential. Given that regaining a sense of control, connection, and meaning in one's life is an essential part of healing for trauma victims, and that education is such an important tool in this process, it is imperative that new curriculum be created, that new ways of working be discovered that normalize the challenges that trauma victims bring to their learning, and that "innovative supports for learners to explore control, connection and meaning, and to learn to set goals and imagine possible change in their lives" be put in place (Horsman, 1999, p. 138). The next section will present a case study of how Blue Quills First Nations College (BQFNC) has implemented culturally appropriate curriculum and holistic programming aimed at addressing the healing needs of its adult Aboriginal student population.

4.0 ADDRESSING HEALING THROUGH BLUE QUILLS FIRST NATIONS COLLEGE CURRICULUM AND PROGRAMMING

Kirmayer (2004) argues that reclaiming autonomy and control over their nations and communities can be understood as a form of healing the individual and collective wounds of Aboriginal peoples that have their origins in the violence of colonization (p. 41). Education is one of the principle means by which trauma victims may regain a sense of control, connection and meaning in one's life (Horsman, 2004), and therefore can facilitate healing for Aboriginal peoples. Further, community control over educational institutions helps ensure that the factors identified in the previous section as being important for Aboriginal student success, including adopting decolonizing processes, fostering individualized learning, creating safe learning environments, adopting a holistic perspective, utilizing formal and informal pedagogical techniques, and acknowledging the impact of violence and trauma in peoples' lives and learning, are effectively implemented in classroom settings. Blue Quills First Nations College (BQFNC) is a model of a community-controlled educational institution which incorporates many of the features identified in the literature as important for improving the academic success, and the health and well-being, of Aboriginal students who have been living with the effects of intergenerational trauma.

This section begins with a brief overview of the history and educational philosophy of BQFNC. The paper will then move to a discussion of the foundations of educational programming at BQFNC, including a discussion of the role of culture, the use of circular processes, and the incorporation of ceremony, in creating a learning environment that facilitates the healing process. The paper concludes with an examination of BQFNC's academic programs that aim to empower students to transform their lives and rebuild family relationships.

Since 1971, BQFNC has been a locally controlled, non-profit Aboriginal education centre serving the academic and training needs of people of all cultures,[6] encouraging everyone to experience studying in a unique socio-cultural and academic environment. A prime objective of the College is to promote a sense of pride in Aboriginal heritage and reclaim traditional knowledge and practices. Located approximately 200 kilometers northeast of Edmonton, BQFNC occupies 240 acres of designated Reserve land near the town of St. Paul, Alberta. BQFNC is governed by seven appointed Board members, each representing one of the seven local First Nations communities: Beaver Lake, Cold Lake, Frog Lake, Whitefish Lake, Heart Lake, Kehewin, and Saddle Lake, plus one Elder from the Saddle Lake First Nation. These communities are home to almost 17,500 people.

The school, which was originally located at the Saddle Lake Reserve in 1898 and relocated to its present location in 1931, was run as a federally-sponsored, church-operated, residential school. After the release of the White Paper by Indian Affairs Minister Jean Chretien in 1969, which recommended that Indian education be turned over to the province and that residential schools be phased out, the Blue Quills First Nations people petitioned the federal government for control over the school so that they could re-establish their culture, traditions, ways and values through control over the education of their children (BQFNC, 2012). Approval was granted for the Blue Quills Native Education Council to

operate the facility in January of 1971. Acquiring a former residential school for the purposes of re-establishing First Nations culture, traditions, ways and values is not only a form of healing because it is a means of asserting First Nations identity, it is also a form of "symbolic healing" through the transformation of a former symbol of "colonial violence" into a symbol of empowerment (Kirmayer, 2004). The school initially taught students from grades four to nine; however, as reserves in the district began to acquire their own elementary schools, the elementary grades were dropped and the school began to transition into a post-secondary institution. The College now houses post-secondary programs (academic, clerical, and vocational) for area residents, many of whom are descendants of residential school survivors. Initially, many of these programs were developed in partnership with other mainstream educational institutions; since the 1990s, the College has been asserting Aboriginal sovereignty by developing its own accredited programs that are transferable to mainstream educational institutions. In 2014, BQFNC celebrated 48 years as Canada's first Aboriginal controlled education centre. BQFNC is a founding member of the First Nations Adult and Higher Education Consortium, partnering with other Indigenous institutions and programs to advance educational opportunities for adults interested in utilizing an Indigenous learning environment to achieve their professional goals while also enhancing their emotional intelligence.

The College's approach to education is guided by Elders' transmission of their knowledge, *Teachings from the Creator.* These teachings, based on the natural laws of love, honesty, sharing, and strength, comprise the moral compass that guides the daily interactions of staff and students of the College. This moral compass creates a milieu of compassion, a place of learning and healing and, in essence, a place of refuge for the traumatized adult children of residential school survivors. Other foundational elements that guide the everyday work at BQFNC include: implementing circular processes based firmly on spirituality; incorporating Elders and other traditional and local forms of wisdom; utilizing strength-based perspectives and approaches; mindfully employing empowering strategies; incorporating humor; engaging in storytelling; practicing role modeling; incorporating collective leadership practices; practicing ethical relations with all other life forms; and honoring the contributions and experiences of others, including Aboriginal ancestors. These teachings are particularly relevant to the discussion of Historic Trauma.[7] A return to these spiritual teachings and foundational elements can help restore what was once lost. The element of *wholeness* is central to a better understanding of the roots and impacts of trauma: it cannot be compartmentalized. Since Historic Trauma affects all aspects of being - mental (brain functions[8]), emotional (relational patterns), physical (physical health), and spiritual (faith and connection to a higher power) - each of these cannot be viewed in isolation. Just as Historic Trauma can be transmitted

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[6] While the majority of BQFNC's student body consists of Indigenous students, they welcome students from non-Indigenous cultures as well.

[7] The concept of Historic Trauma emerged as a framework for capturing the individual and communal experiences with trauma that Aboriginal peoples have endured through colonial violence that have accumulated over time to compound disability and dysfunction; it is also referred to as a 'soul wound' (Gone, 2013). The concept is described in considerable detail in the first report in this series, *Aboriginal peoples and historic trauma: The processes of intergenerational transmission.*

[8] Including whether the student is in survival mode, governed by his reptilian brain or emotionally flooded, governed by his limbic system or in a state of emotional regulation where he is able to process information and have more parts of his brain 'online.'

through each of these pathways, it too should be healed through the collective of each of these pathways.

As reflected in its mission statement, the College "believes the maintenance and enhancement of culture contributes to positive self-esteem and, therefore, encourages participation in the learning environment" (BQFNC, 2013, p. 9). Given the emphasis on strengthening cultural identity by reclaiming traditional teachings and practices, the next section explores how culture is integrated into pedagogy to create a learning environment at BQFNC that facilitates personal growth, healing, and the rebuilding of relationships and connections.

Incorporating culture into the learning environment

Culture and social cohesion are considered important tools in healing and serve as protective factors for individuals and communities. A landmark study on suicide among First Nations people in British Columbia revealed that suicide rates were lower in communities with strong social and cultural cohesion (Chandler & Lalonde, 1998). In addition, land title, self-government (particularly the involvement of women), control of education, health and social programs, Elder involvement, and families that remained united and connected across the generations were factors which also contributed to lower rates of suicide (Ibid). Observations drawn from prevention programs among the Nez Perce, a Native American group living in the Pacific Northwest region of the United States, highlight the role culture plays as a protective factor among Indigenous people (Harris & McFarland, 2000).

Permeating every aspect of every program offered through BQFNC is the reclaiming of *ochichug*, our spirit,

our soul (Aitken & Haller, 1990). Thus for example, students are introduced to the traditional role assumed by men in Plains Cree culture prior to colonization. The term *okiticitaw* in Plains Cree refers to peaceful sacred warriors who understood and embraced the spiritual guidance of developing their gifts and skills as a shared responsibility in caring for the security and well-being of their people (Manitopyes, 2005). A strict code of principles and values guided the conduct of *okiticitaw* such as:

> learning the importance of perseverance and why an okiticitaw will vow never to give up no matter what barriers are before him. This value was taught to us by the buffalo spirit as buffalo always face the strangest storms and never turn their backs on the adversary. (Manitopyes, 2005, pg. 3)

These elements speak to the power of culture in creating transformation and healing.

The integration of Indigenous pedagogical strategies into classrooms can "facilitate the enrichment of learning … [by making] education an experientially-based, non-universal, holistic and relational knowledge of resistance" (Foy, 2009, p. 25). While BQFNC brings together both western and Indigenous pedagogical approaches, it is the latter which primarily guides the College in creating learning and healing environments through the regular use of circle processes. Circle processes are referred to as talking circles, dialogue circles, sharing circles or healing circles; these terms are used interchangeably in this paper. Circle processes are "characterized by [their] circular dynamic, allow[ing] educators and learners to contextualize theory with their life experiences to build group consciousness" (Foy, 2009, p. 26). Many Indigenous communities, including the Cree people, traditionally used and continue to use circle processes for

various purposes including decision-making and healing. Essentially circle processes are ways of talking together to ensure everyone is heard and can tell their story, and can speak and listen in a more heartfelt way. Regardless of age, gender, experience, ethnic background or economic status, everyone is equal in the circle and is expected to show the highest degree of respect and mutual concern for all others within the circle. In a circle process, people demonstrate respect for each other when they maintain confidentiality and trust, show compassion, and avoid interrupting others. With these elements of respect, building relationships and connections, non-interference, trust, equality, and honouring each other's contributions, circle processes can empower individuals and assist in the development of collective identity and community cohesion (Foy, 2009; Graveline, 1998).

In a circle process, individuals are arranged in a circular setting (usually with everyone seated), and there is typically a talking piece (talking stick, stone or feather) to help facilitate the process. Everyone has the opportunity to speak for as long as they need to speak without interruption as long as they hold the talking piece. Once they have finished, the talking piece is passed to the person next to them. At BQFNC, circle processes are conducted according to Cree tradition, whereby the circle process occurs in a direction that flows from east to west in keeping with mother earth, the moon and the sun.

Circle processes are premised on the notion that we are all connected and interconnected. From this comes the profound understanding of shared responsibility for self and others. In sharing circles, the emphasis is on relationships between people. There is validation of the uniqueness of each person and his/her thoughts, feelings and experiences, by paying attention to what he/she is sharing. Each person

is understood as being on a personal learning and healing journey, and each person has the opportunity to 'lift each other up' into success. Sharing and talking about new information helps everyone to benefit from that information and ensure that participants are supported in continuous learning.

BQFNC strives to ensure that all staff, students and visitors experience relational safety in circle processes and in everyday practices and activities. This was something that was identified in the literature as being important for facilitating the learning of Aboriginal victims of intergenerational trauma. Safety is a paramount principle and everyone is encouraged to demonstrate collective responsibility to maintain safety – physical, emotional, mental, and spiritual – for each other. When participants seek the involvement of an Elder or other support person in order to feel safe in a circle, BQFNC facilitators encourage this and the circle invitation is often phrased around safety as a central theme: "What would it take for you to feel safe in this circle and to participate in a good way?" This is particularly important for individuals who are dealing with Historic Trauma.

As explained by Michael Hart in *Seeking Mino-Pimatisiwin* (2002), a number of other foundational concepts are embedded within circle processes. *Wholeness* is demonstrated when there are no gaps in a circle and people are brought together and unified as one. *Balance* is addressed in circles when individuals work on connecting themselves emotionally, mentally, physically and spiritually; and in ensuring that the wellness of all individuals is supported. In circle processes, there is *willingness* to look at the past, present and future, and seek to understand how they influence each other. Individuals are encouraged to experience their emotions within the safe space of the circle as a way of promoting healing. *Harmony* includes respect for one's relationships with

others and within oneself, as well as the give and take between entities. The motivation for change lies within the individual since participation is voluntary. Growth occurs through the development of a person's body, heart, mind and spirit in a lifelong process, which leads to the discovery of his/her true self. Healing comes about through emotional expression, discharging turmoil, and thoroughly cleansing and purifying oneself.

The power of 'healing together' within the context of a sharing circle has been demonstrated many times. This power stems from the ability of individuals to develop a sense of belonging in a community, in an environment in which they feel safe and valued, and where they can freely share their thoughts and feelings without judgment. As illuminated by Ross (1996) in his description of the healing process developed by the community of Hollow Water for victims of family violence and sexual abuse:

> They primarily tell their stories to the circle, complete with all the tears, angers, frustrations, regrets, doubts and other swirling emotions that live so long within them after the physical abuse has ended. The fact that they can speak openly, fully confessing all the things that have weakened and hurt them, sends the most powerful message of all: that they are in a safe place where no one will abuse such confessions, such honesty, such revelations of pain. (p. 149)

The magic of this approach is in bringing together two groups of people with one common characteristic: a deep sense of shame at the very core of their being. The first group consists of facilitators who have worked on their own healing and are now able to connect with others in a respectful and caring manner. The second group consists of clients who, until their experience of this "safe place, a hope place, and a learning place" (Ross, 1996,

p.149), have lived in the dehumanizing environment of shame-bound family environments. The transformative and empowering nature of this type of group therapy is described by Herman (1992) as follows:

> Traumatic events destroy the sustaining bonds between individual and community. Those who have survived learn that their sense of self, of worth, of humanity, depends upon a feeling of connection to others. The solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience. Trauma isolates; the group re-creates a sense of belonging. Trauma shames and stigmatizes; the groups bears witness and affirms. Trauma degrades the victim; the group exalts her. Trauma dehumanizes the victim; the group restores her humanity. (p. 214)

Herman (1992) uses the testimony of an incest survivor to corroborate her observations of the healing power of such processes. The survivor notes: "I've broken through the isolation which had plagued me all my life. I have a group of six women from whom I have no secrets. For the first time in my life I really belong to something. I feel accepted for what I really am, not my facade" (p. 215). Inherent in the healing power of the sharing circle is the letting go of the shame that has accumulated over several generations. Rothschild (2000) validates this healing power with the following observation:

> One of the difficulties with shame is that it does not seem to be expressed and released in the same way as other feelings. Sadness and grief are released through crying, anger through yelling and stomping about, fear through screaming and shaking. What, then can be done to alleviate shame when it does not discharge, abreact, or cathart?

Acceptance and contact appear keys to relieving shame. Though it appears not to discharge, it does seem to dissipate under very special circumstances – the nonjudgmental, accepting contact of another human being. (p. 62)

Culture is also integrated into the learning environment through the incorporation of ceremony. Given the background of trauma and shame associated with students' family backgrounds, a primary objective of the College is to disrupt the transmission of trauma to the next generation. As such, academic programs are designed to immerse students in ceremony and the cultural teachings and healing associated with participation in ceremony. Ceremony is central to the process of transcending shame and healing wounded souls. Hodgson (2008) eloquently conveys the central role of ceremony in traditional Aboriginal culture:

> When the Canadian government declared illegal the practice of native ceremonies such as the Potlatch and the Sundance, the result was a focused attack on the spirit of our peoples. It was a genocidal attack on our spirit that would impact up to five generations (or one hundred years) of our peoples who attended residential schools. Taking away these and other ceremonies meant taking away the ideas, values, and principles basic to community health. With the ceremonies went security, identity, ideology, rituals, belonging, reciprocity, and beliefs along with responsibility for actions, access to resources, time together, healing, and justice. The destruction of ceremonies was the core of the Canadian government's genocidal policies. (p. 364)

With ceremony as a source of spiritual guidance, students and staff are better equipped to address the childhood emotional scars that manifest themselves in their relationships.

The literature also identified the need for holistic perspectives, encompassing the mind, body and spirit, in educational programming for trauma victims. At BQFNC, an approach that is grounded in the teachings of the Medicine Wheel is an important part of collective healing (see Appendix 1 for a more detailed explanation of Medicine Wheel Teachings). Every dimension of the self – physical, emotional, spiritual, and mental – is included in the healing process through ceremony. The emotional self is released from its traumatized and shame-bound identity through a process of moving from a sense of isolation and disconnection to a sense of community; the mental self, by mastering the process of mindfulness, learns to engage in self-focus and self-change (as manifested in new behaviors); the physical self learns to nourish the body through exercise, proper nutrition, and traditional medicines; and the spiritual self, connecting with its wounded soul through participation in ceremony, can finally begin the journey of self-discovery, a journey long overdue because of being held hostage to generations of trauma, shame, and unresolved grief.

Incorporating culture through circle approaches and through ceremony creates a learning environment that is holistic, therapeutic, and safe; one that works to rebuild individual and collective identity. Such a learning environment is more conducive to helping trauma victims regain the control, connection, and meaning in their lives that is such an essential part of healing. The next section will explore how BQFNC's curriculum and academic programs can empower students to transform their lives and rebuild family relationships.

5.0 ACADEMIC PROGRAMS AND COURSES AS HEALING RESOURCES

BQFNC is known for academic programs and courses that reclaim and strengthen Indigenous culture, language and identity, while also providing a sound academic background to prepare students for their future careers. Courses and programs offered at the College empower students to regain control, connection and meaning in their lives, and help them rebuild frayed family relationships. Two of the major programs, the Social Work Diploma and the Indigenous Health Sciences Program, are summarized below.

The Social Work diploma program is "designed to prepare students for generalist social work practice, and is committed to addressing issues of social justice and oppression" (BQFNC, n.d.-a). It is based on a unique model that incorporates:

· the Indigenous world-view,
· relationships with all things,
· effects of colonization (and resulting lateral violence),
· de-colonizing the mind and developing anti-oppressive practice, and
· traditional and cultural knowledge towards strong self-identity. (Ibid., para. 3)

The program builds upon the themes of "study of self, self in helping relationships, self as change agent, and self as leader" (Ibid, para. 4). It is structured in an iterative rather than linear fashion, progressing in "a spiral that adds a little with each thematic repetition rather than building lockstep" (Ibid.). This approach aims to generate future social workers who have a deep connection to Aboriginal communities and an understanding of their issues, who are grounded in knowledge of themselves, and who are well-equipped for an expanded role that includes social action and advocacy.

The Indigenous Health Sciences Program at BQFNC aims to "assist students in becoming whole healthy people with the skills, abilities, and strengths to provide health services and healing to communities and nations" (BQFNC, n.d.-b). The Program incorporates exceptional academic opportunities and the hands-on experience of Indigenous knowledge and traditional healing. The academic component of the program is tailored to the "assessed needs of prospective students with a focus on completion of the prerequisites for professional and paraprofessional programs such as

English, Biology, Psychology, Statistics, etc." (Ibid., para. 2). The traditional health and healing component is based upon Indigenous philosophy and includes a connection to First Nations land, language, and ceremonies. Students develop an understanding of their connection to, and relationship, with the land; their role in ceremony; their role in community healing; traditional protocols and values, natural medicine and Indigenous history; and Indigenous science. To ensure that Indigenous and non-Indigenous perspectives are incorporated, students are provided with opportunities to meet and learn from respected traditional Elders and Healers, Indigenous researchers, health administrators, and health professionals from a wide range of health science fields, including environmental health sciences, medicine, midwifery, naturopathy, nursing, among others.

A central theme that permeates every program is participation in ceremony and the reclaiming of cultural identity. This spiritual and emotional grounding, along with the support provided by staff and Elders, ensures that students are emotionally prepared to take on the task of rebuilding disconnected family relationships, become better parents, and establish clear boundaries in all of their relationships. To facilitate this journey of rebuilding frayed family relationships, a number of family courses are offered to provide students with specific knowledge and skills that can empower them and help them regain a sense of control over their lives. These family courses equip students with the skills required to disengage from family triangles, while also strengthening the boundaries around the couple relationship.

In the area of family relationships, one of the most important concepts to which students are introduced is 'entrenched family triangles,' which contribute to the transmission of unresolved emotional legacies across the generations. Lerner (2005) succinctly describes the function of triangles in all relationships: "It's not simply that we displace a feeling from one person to another; rather, we reduce anxiety in one relationship by focusing on a third party, who we unconsciously pull into the situation to lower the emotional intensity in the original pair" (p.156). Thus, for example, a wife upset by a husband who is preoccupied with his work may unconsciously increase her level of engagement with her child or a friend to compensate for her emotionally absent husband. This over-involvement with a third party helps to calm down her emotional arousal without fixing the problem of the emotionally absent partner. By inhibiting effective communication in relationships, unresolved family triangles can contribute to the build up of tensions that can result in marital breakdown (Lerner, 2005).

Another important family systems concept students are introduced to is closed and open family systems. Closed family systems are a typical characteristic of shame-bound families and lead to dysfunctional family functioning while open systems are typical of well-functioning families. The differences between these two systems are summarized in Table 3.

TABLE 3: CHARACTERISTICS OF OPEN AND CLOSED FAMILY SYSTEMS

Criteria	Closed systems	Open systems
Boundaries can be rigid or fluid	Rigid boundaries – isolate family members from each other and the outside world	Fluid boundaries – allow for movement between subsystems and the external world
Communication styles	Controlling and disconfirming	Nurturing, validating and confirming
Degree to which family members are permitted to communicate on any subject without fear of reproach or censure	Low degree; characterized by more secrets in the family and stronger reactions to differing opinions or sensitive subjects	High degree; can accommodate a wider variety of viewpoints on sensitive subjects, thus facilitating the development of differentiated selves. Family has few secrets.
How easy it is to enter and leave the system	Rigid internal and external boundaries make it difficult for individuals to leave.	Allow for uncomplicated comings and goings and are thus likely to experience minimum stress during life cycle phases when entrances and exits are common (ie. births and marriages)
Gender roles	Strongly delineated gender roles based on cultural norms	Gender roles more fluid
Belief systems	Rigid more fundamentalist belief systems	Less rigid belief systems

Source: Rosen, 1998, pp. 13-25.

The ability to engage in mindful behavior is critical to mastering the task of self-regulation, more so because of the adult personality traits associated with childhood trauma.

Before students enroll in the family courses, they are expected to equip themselves with skills that will help them navigate the emotional 'minefields' associated with family relationships. The Interpersonal Communication course, for example, is central to the self-change process as students learn to differentiate between communication styles that are controlling and undermine the development of self (styles associated with shame-bound family systems) and communication styles that nurture relationships. The healing journey that is implicit in this course facilitates an emotional shift from closed to open family systems, and from a state of disconnected to connected family relationships, as students progress through their educational journey. Students learn how childhood trauma compromises brain development while also learning to engage in mindfulness exercises that help them recognize how trauma associated with their childhood plays out in their relationship with their partners, extended family members, and their children. The ability to engage in mindful behavior is critical to mastering

the task of self-regulation, more so because of the adult personality traits associated with childhood trauma. Sharing circles are used regularly to facilitate a trusting emotional atmosphere, to encourage self-disclosure, and to strengthen a sense of community in the classroom.

In addition to these courses aimed at strengthening family relationships, there are numerous courses within these and other programs which also incorporate elements of culture, ceremony and healing. They include, but are not limited to:

IYIS 200 – iyiniw pimatisiwin

IYIS – Historical Impacts

IYIS 300 – Cultural Camp: Traditional Teachings

LM 200 – Wholistic Leadership

SWK 220 – Community Healing and Development

COMM 200/ICS 100 Interpersonal Communication

FAM 300 – The Family Life Cycle

FAM 350 – Family Relationship Development

SOC 400 – Grief and Loss

Additional information about these programs and courses can be found in the College's calendar (BQFNC, 2013).

The healing journey students encounter while enrolled in BQFNC academic programs parallels the four phases of healing articulated by Dr. Maria Yellow Horse Brave Heart (1999):

· confronting the historic trauma and embracing one's cultural history;
· understanding the trauma;
· releasing the pain;
· and transcending the trauma.

This is the "Red Road to Recovery"[9] from historic trauma, and the College, guided by ancient tribal wisdom, synthesizes this emotional and spiritual journey into its educational programs.

[9] A commonly used term in Aboriginal healing circles.

6.0 CONCLUSION

The evolution of BQFNC from a residential school mandated by the Canadian government to educate and save the souls of "les enfants sauvages"[10] to its present day role as a community-owned educational institution mandated to address the healing and professional needs of Aboriginal adults reflects the cultural resiliency of Aboriginal people in Canada. The College has transitioned from control of Aboriginal peoples in 1971[11] to asserting Aboriginal sovereignty in the 1990s by developing its own accredited programs that are transferable to mainstream educational institutions. As a First Nation controlled institution, BQFNC is recognized in Indigenous communities around the world for its innovative approach to adult education. Where education was once used as a tool to destroy Aboriginal families, language, culture, and identity, it is now utilized as a source of empowerment and healing.

BQFNC's approach to providing programs and courses adopts approaches identified in the literature as offering the most promise in facilitating learning and healing for Aboriginal students who are victims of intergenerational trauma. They have a strong emphasis on providing a safe learning environment in all aspects that can impact safety. Their programs and courses are holistic, encompassing emotional, physical, mental and spiritual elements through formal and informal pedagogical approaches. They foster positive self-esteem and encourage participation in the learning environment by maintaining and enhancing culture through course curriculum, use of Elders and their teachings, and incorporating Indigenous pedagogy and ceremony. Curriculum content not only equips students with the skills and knowledge they need for their future careers, they include content aimed at reclaiming and strengthening Indigenous culture, language and identity. In these ways, BQFNC has created an environment that is not only conducive to facilitating learning in Aboriginal victims of intergenerational trauma, but also conducive to empowerment and healing. It thus serves as a tool for disrupting the transmission of trauma from one generation to the next.

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[10] According to the testimony of Blue Quills residential school survivors, the nuns and priests frequently used this term when talking about the children entrusted to them. It roughly translates to "wild children."

[11] Review the 30 year anniversary commemorative edition, available at www.bluequills.ca, for a more detailed history of the College.

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APPENDIX 1

Blue Quills First Nations College

Restoring Balance
Medicine Wheel Teachings

(Derived from Interpersonal Communication course)

UNIT 1: INTRODUCTION TO INTERPERSONAL COMMUNICATION

Medicine Wheel Teachings

The guiding principles that underlie this course are based on the Medicine Wheel teachings that Cree Elders describe as "teachings from the Creator." Participants will learn new communication skills while also recognizing the difference between healthy and unhealthy patterns of communication in their day-to-day interactions; however, we also need principles to give us a sense of direction in our lives. These "teachings from the Creator" are a reminder of how we should live our lives as we undertake life's journey.

These Medicine Wheel teachings, also referred to as Natural Laws, are Love/Kindness, Honesty, Sharing, and Determination/Strength. Most of this information is derived from Dr. Leona Makokis' (2001) doctoral dissertation, Teachings from Cree Elders: A Grounded Theory of Indigenous Leadership. We encourage you to read this study to enhance your understanding of traditional teachings.

Kisēwātisiwin (Love/Kindness)

In Cree, "Kisēwātisiwin" means the spirit of Kindness and Generosity. Kindness precedes Love and Humility and cradles both of these dispositions. Skywoman, a Saddle Lake Cree Elder, elaborates on the link between Kindness and Humility, "Before you can be humble, you have to be kind. You feel with your heart, and not your mind. It takes a real balance before you can get that. Everything is in balance because we care about each other." In Mother Nature, Kindness is symbolized through sweetgrass. According to a Cree Elder, Mike Steinhauer, "The Creator gave us sweetgrass for ceremonial purposes. He gave it to us because it is gentle and

kind. When you light it and smudge yourself with it, it will never make you cry, whereas other kinds of grasses will make you cry." Skywoman reinforces the symbolic significance of sweetgrass: "The old people used to say Kihcetwewin (the highest level of promise and commitment) because when you pick up your sweetgrass, you do not burn it without knowing what it means and what you are supposed to be like. You are supposed to be kind."

Kwayaskitātisiwin (Honesty)

The second teaching from the Creator is about Kwayaskitātisiwin. Kwayask is the root word and refers to being aligned and straight. Itātis is the verb and implies characteristics or a trait of "being in life." According to the Cree Elder, Mike Steinhauer, "Honesty is a hard, hard thing to follow all the way, every step of your life. Sometimes when you are little bit dishonest in your step, you will save yourself a lot of work. But still, you are not being honest. Again, when you have that honesty, you can only be honest with yourself."

Wīcihitowin (Sharing)

The third teaching is about sharing; the Cree word is Wīcihitowin. This stems from the verb, "wīcih", to help; "towin" makes the root word into a noun and refers to having everybody involved. Skywoman shared her knowledge and experience of the value of sharing in her community, Saddle Lake:

A long time ago, when a person was disabled and could not care for themselves and an Elder and a child, they were all a community's responsibility. They would be helped. Even a couple with many children who were too busy around their homefire, they could not get anything

The Natural Laws on the Medicine Wheel [12]
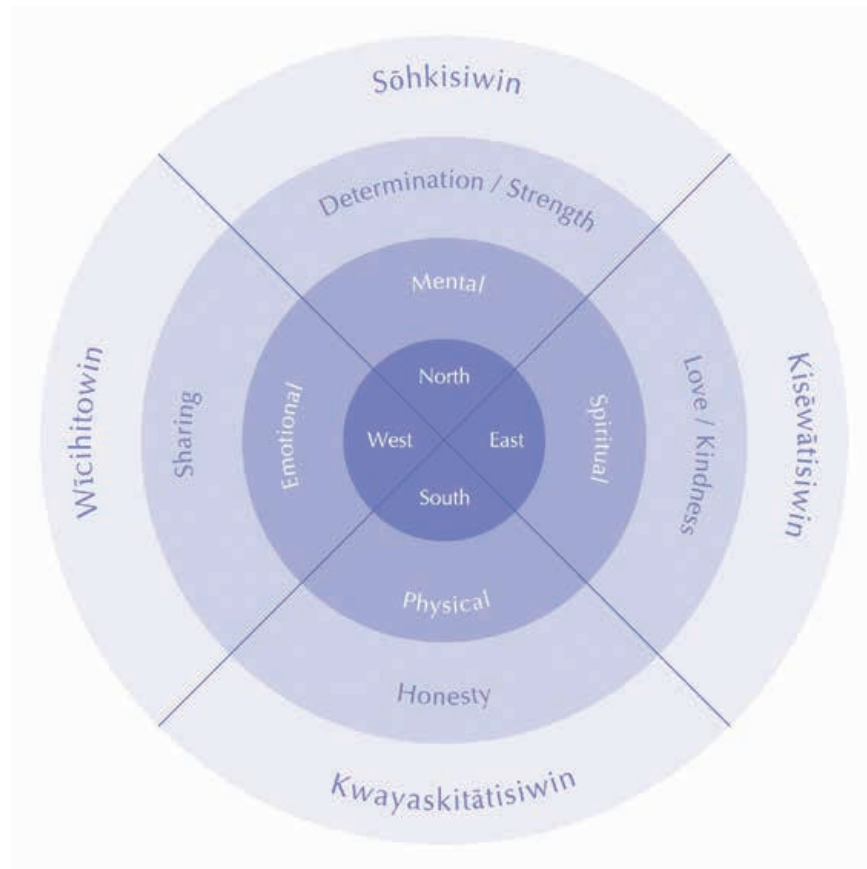
for themselves. The whole community would gather supplies and would assist them for winter preparations. That was giving your time. That was sharing. At the end of the day no one said "You owe me." Instead at the end of the day there was a celebration. That time you could use the word community, the way they cared about each other and shared everything.

Sōhkisiwin (Strength)

The fourth teaching is strength, Sōhkisiwin. It refers to strength and determination in the body, and sohkeyihtamowin is the strength of mind as reflected in the following comments by Skywoman, "You almost have to be like a stone to have the strength, to sit and sit there in your belief…a person that is strong is siyipisit, determined and strong; one that is committed to serving their people rather than themselves."

Using the Medicine Wheel Teachings to Promote Connection and Balance

You will be reminded of these teachings constantly as you progress through this course as the emphasis is on self-change. These teachings, along with the skills participants will learn, are intended to promote change in the attitudes and behaviors of participants this enhancing the sense of connection and balance as expressed in the Medicine Wheel.

Using a competency based approach, students will learn a variety of new communication strategies while simultaneously engaging in a critical examination of their own unique communication styles. Through the acquisition of alternate approaches to communication, students will enhance their personal connection to Medicine Wheel. Thus for example, on a mental level they will learn a new skill such as reflective listening. Once they acquire competency in this area, they will

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[12] Recreation of an image originally designed by Blue Quills First Nations College Elders during the 1990s.

enhance their ability to connect with significant others on an emotional level, thus strengthening this connection on a relational level as well as a spiritual level. According to a Cree Elder, George Brertton, the spiritual element in relationships is central to Cree teachings as humans are inextricably connected to each other, to the spirit world, to the plants and animals, and to Mother Earth. This element of spiritual connectedness in our relationships is best explained in the following quotation:

> In human interaction, a natural spiritual child is conceived, and there is no available contraceptive…when you and I interact, something new is present, a new organism, we. Yet you or I are not lost. The bits and pieces of the relating come together in a holographic process, and an entity emerges which embodies all the qualities of the actors and the interacting…If we come together in care, authenticity, honesty, and positive regard, our child will be healthy, vibrant, winsome, and beautiful. We will love it. We will receive much joy in the nurturing of it and will be nourished in return. If our child is created in dishonesty, exploitation, contempt, disregard, our child will be sickly, crippled, distorted, toxic, frustrated. It will be ugly. We will fly from it, abandon it, but its influences will linger (Stewart, 2002, p.26).

The spiritual child metaphor is a useful concept to explore in each of our present relationships. As John Stewart explains in his book, *Bridges Not Walls*,

> The spiritual child, who is born whenever two persons communicate, is an entity that emerges between them. The spiritual child can be changed drastically, but it can't be killed. That's one of the reasons why it's so hard to deal with the break-up of a long-term relationship. Since the spiritual child won't die, the relationship won't cease to exist, and each person has to learn to live with a radically, maybe even tragically different child (Stewart, 2002, p.26).

How is the health of the spiritual child in your relationships connected to the physical aspect of the Medicine Wheel? The healthier the spiritual child in each of your relationships, the healthier is the physical self of each of the people you interact with. Numerous medical research studies point to the fact that continuous competitive and aggressive communication can increase your chances of heart disease. James Lynch, co-director of the Psycho-physiological Clinic and Laboratories at the University of Maryland School of Medicine discussed the connection between physical health and interpersonal communication:

> Human companionship does affect our hearts, and ----- there is reflected in our hearts a biological basis for our need for loving human relationships, which we fail to fulfill at our peril….the ultimate decision is simple: we must learn to live together or increase our chances of prematurely dying alone (Stewart, 2002, p.7).

As clearly indicated by Dr. Lynch, quality of life is not simply a matter of access to life's basic necessities and conveniences: the quality of your life is directly linked to the quality of your communication.

For a person to be whole or balanced, the Elders emphasize the importance of paying attention to the teachings of the Medicine Wheel.

Take a few minutes to reflect on your emotional, physical, mental and spiritual self. In your own words, describe how you attend to each of these aspects on a daily basis. Use the teachings discussed earlier as a guide to this exercise. Another option is to draw the Medicine Wheel and write or draw what you will do in each area (eg. To sweat draw a sweat lodge, to smudge draw sweetgrass).

- · My Physical Self
- · My Mental Self
- · My Spiritual Self
- · My Emotional Self

Carefully reflect on what you've written and now respond to the following questions:

- · Which aspect do you tend to the most?
- · Which one do you tend to the least?
- · How can this course help you achieve a sense of balance in yourself and your relationships?

If you are unfamiliar with the Medicine Wheel and you wish to explore how it could be used to strengthen your connections with your family and your community, while also helping you to live a healthy lifestyle, make a commitment to meet with an Elder in your community to further your knowledge on this topic.

sharing knowledge · making a difference
partager les connaissances · faire une différence
ᖃᐅᔨᒃᑲᐃᖃᑎᒌᓂᕐᖅ · ᐱᕚᓪᓕᖅᑎᑦᑎᓂᕐᖅ